

## Research Paper

## Medical Science



## Sexual Behaviour Seen as a Part of Complex Partial Seizures – Case Report

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### ABSTRACT

*Herein, we describe a case who presented with abnormal sexual behaviour during an epileptic episode. Neuroimaging and electroencephalography monitoring revealed an abnormality suggesting an epileptic basis. The patient was successfully treated with carbamazepine, clobazam and sodium valproate combined therapy. The case strongly emphasizes the fact that sexual behaviour may be a part of aura or automatism seen during complex partial seizures and should not be misdiagnosed as another psychiatric disorder. Misdiagnosis may lead to improper treatment and insufficient seizure control or even worsening of the behaviour.*

**Keywords : sexual behaviour, aura, automatisms, complex partial seizures**

### INTRODUCTION

In the clinical management of epilepsy, clinicians must be aware of the wide range of issues that link sexuality and epilepsy [1]. The range of possible areas where sexual issues arise may be a part of the aura, as a part of the complex partial seizure or as a part of automatisms associated with the seizure. It may also be seen as a part of sleep disturbances seen in epilepsy or as a symptom of other psychiatric and behavioural disturbances [2]. Sexual behaviour in epilepsy may include masturbation, requests for sexual behaviour, sexual fondling, anal and oral sex, as well as heterosexual and homosexual intercourse, all typically presenting in peculiar or bizarre circumstances and covers almost all aspects of human sexual behaviour [3]. Here we report a case of complex partial seizures where sexual behaviour was seen as a part of epilepsy.

### CASE REPORT

A 50 year old uneducated married woman, who was married since the past 23 years and was a mother of 3 children was brought to the out patient department of the hospital with chief complaints of episodes comprising of disorientation where she wouldn't recognize family members, laughing inappropriately on the road, speaking loudly and excessively, making grunting sounds and making sexual requests to people on the road along with tearing off her clothes often losing all her belongings and had even been arrested by the police on one occasion while on another occasion was beaten up by people on the road. Each episode lasted 30-45 minutes. She has no recollection of the episode.

She was a known case of complex partial epilepsy since the past 10 years and was on Carbamazepine 600mg per day

orally. The episodes had occurred despite being compliant regularly with the medication. The frequency had increased in the last 2 months as earlier they would occur once or twice in a month and in the last 2 months were occurring almost daily. The episodes would increase prior to the onset of her menstrual cycle as mentioned by the husband. Neuroimaging studies (MRI Brain) was showing bilateral mesial temporal sclerosis and hippocampal atrophy. EEG was suggestive of generalized seizure activity. The patient was diagnosed as having complex partial seizures with sexual behaviour related to the seizure and the medication dosage was adjusted to Carbamazepine 900mg per day, Clobazam 10mg per day and Sodium Valproate at 400mg per day which was increased to 600mg per day. Within a 15 day period, the patient reported just one episode of such behaviour and on subsequent regular follow up the dose of Sodium Valproate was increased to 800mg per day with the patient now reporting no such episode in the past 2 months of regular visits.

### DISCUSSION

In complex partial seizures, it is possible to misinterpret abnormal sexual behavior as various other diagnoses. Such a misinterpretation may lead to insufficient seizure control and progressive cognitive impairment [4]. There have been case reports of masturbatory activity as a part of complex partial seizures [5]. Seizures arising in the right temporal lobe are more likely to cause orgasm or sexual automatisms [6]. The occurrence of the behaviours at any time of the day, multiple occurrences of the episodes, the short duration of the episodes, lack of memory for the event and the excellent response of the patient to combination anti-epileptic therapy supported the epileptic basis of such behaviour in our patient. This was coupled with positive neuroimaging and electroen-

cephalographic findings. Causes for sexual behaviour in epilepsy is mixed and factors like female gender [7], neuro-endocrinal basis and female hormones [8] as well as organic brain damage to the temporal and frontal lobes have been suggested [9]. It is prudent that neurologists as well as psychiatrists are aware and recognize this phenomenon.

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